

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037737

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1175

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Joseph

Length of stay in lb
5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE State Hospital #2

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Savoy Hotel

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
EDNA

Middle

Last
PHILLIPS

4. DATE OF DEATH

Month Day Year
October 13 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

May 16, 1901--61

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Secretary--executive

10b. KIND OF BUSINESS OR INDUSTRY
Large corporation Des Moines, Iowa

11. BIRTHPLACE (City and state or country)
USA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Harry W. Rittgers

13b. MOTHER'S MAIDEN NAME

Irene Frame

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Address
Records, State Hospital, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Intestinal obstruction with gangrene

INTERVAL BETWEEN ONSET AND DEATH
18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Internal herniation thru adhesive bands

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adjustment reaction of late life, with alcoholic factor

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

4-17-62 10-13-62 10-13-62

21. I attended the deceased from 4-17-62 to 10-13-62 and last saw her alive on 10-13-62. Death occurred at 11:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles M. Clark M.D.

22b. ADDRESS

State Hospital #2, St. Joseph

22c. DATE SIGNED

10-13-62

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE
10-14-1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
Kansas City, Missouri

(State)

24. BY WHOM
D. W. Newcomer's Sons - Kansas City, Mo.
D. W. Newcomer Sr. R. C. Mo.

25. DATE RECD. BY LOCAL REG.
Oct. 14, 1962

26. REGISTRAR'S SIGNATURE
Mrs. Clark Goodell

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
C.M. Clark, M.D.

VS 300
Rev. 4/59

15117
23009

3

4 1

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7 1

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9 561.4

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11

12 3-0

13 1-0

NOV 29 1962

29-41-01

Permit issued 10/14/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address 18, C. 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.